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8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12  
13 In the Matter of the Second Accusation  
Against:

14 ARVIND KUMAR SALWAN, M.D.  
15 19843 Modoc Rd  
16 APPLE VALLEY, CA  
92308-6131

17 Physician's and Surgeon's Certificate No. A  
89019,

18 Respondent.  
19

Case No. 800-2015-012706

OAH No. 2018050831

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

20  
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
22 entitled proceedings that the following matters are true:

23 PARTIES

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
25 of California (Board). She brought this action solely in her official capacity and is represented in  
26 this matter by Xavier Becerra, Attorney General of the State of California, by Trina L. Saunders,  
27 Deputy Attorney General.

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2. Respondent Arvind Kumar Salwan, M.D. (Respondent) is represented in this proceeding by attorney Derek O'Reilly-Jones, whose address is, Bonne Bridges Mueller O'Keefe & Nichols, 355 South Grand Avenue, Suite 1750 Los Angeles, CA 90071-1562.

3. On or about October 1, 2004, the Board issued Physician's and Surgeon's Certificate No. A 89019 to Arvind Kumar Salwan, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Second Amended Accusation No. 800-2015-012706, and will expire on October 31, 2020, unless renewed.

## JURISDICTION

4. Second Amended Accusation No. 800-2015-012706 was filed before the Board, and is currently pending against Respondent. The Second Amended Accusation and all other statutorily required documents were properly served on Respondent on April 24, 2019. Respondent timely filed his Notice of Defense contesting the Second Amended Accusation.

5. A copy of Second Amended Accusation No. 800-2015-012706 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Second Amended Accusation No. 800-2015-012706. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Second Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Second Amended Accusation No. 800-2015-012706, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Second Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2015-012706 shall be deemed true, correct and fully admitted by respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

## CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

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1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

3 14. The parties understand and agree that Portable Document Format (PDF) and facsimile  
4 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
5 signatures thereto, shall have the same force and effect as the originals.

6 15. In consideration of the foregoing admissions and stipulations, the parties agree that  
7 the Board may, without further notice or formal proceeding, issue and enter the following  
8 Disciplinary Order:

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 89019 issued  
11 to Respondent Arvind Kumar Salwan, M.D. is revoked. However, the revocation is stayed and  
12 Respondent is placed on probation for four (4) years on the following terms and conditions.

13 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
14 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
15 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
16 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
17 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
18 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
19 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
20 completion of each course, the Board or its designee may administer an examination to test  
21 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
22 hours of CME of which 40 hours were in satisfaction of this condition.

23 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective  
24 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
25 advance by the Board or its designee. Respondent shall provide the approved course provider  
26 with any information and documents that the approved course provider may deem pertinent.  
27 Respondent shall participate in and successfully complete the classroom component of the course  
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

1 complete any other component of the course within one (1) year of enrollment. The prescribing  
2 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
3 Medical Education (CME) requirements for renewal of licensure.

4 A prescribing practices course taken after the acts that gave rise to the charges in the  
5 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
6 or its designee, be accepted towards the fulfillment of this condition if the course would have  
7 been approved by the Board or its designee had the course been taken after the effective date of  
8 this Decision.

9 Respondent shall submit a certification of successful completion to the Board or its  
10 designee not later than 15 calendar days after successfully completing the course, or not later than  
11 15 calendar days after the effective date of the Decision, whichever is later.

12 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
13 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
14 advance by the Board or its designee. Respondent shall provide the approved course provider  
15 with any information and documents that the approved course provider may deem pertinent.  
16 Respondent shall participate in and successfully complete the classroom component of the course  
17 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
18 complete any other component of the course within one (1) year of enrollment. The medical  
19 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
20 Medical Education (CME) requirements for renewal of licensure.

21 A medical record keeping course taken after the acts that gave rise to the charges in the  
22 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
23 or its designee, be accepted towards the fulfillment of this condition if the course would have  
24 been approved by the Board or its designee had the course been taken after the effective date of  
25 this Decision.

26 Respondent shall submit a certification of successful completion to the Board or its  
27 designee not later than 15 calendar days after successfully completing the course, or not later than  
28 15 calendar days after the effective date of the Decision, whichever is later.

1           4.   MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
2 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
3 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose  
4 licenses are valid and in good standing, and who are preferably American Board of Medical  
5 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
6 relationship with Respondent, or other relationship that could reasonably be expected to  
7 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
8 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
9 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

10           The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
11 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
12 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
13 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
14 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
15 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
16 signed statement for approval by the Board or its designee.

17           Within 60 calendar days of the effective date of this Decision, and continuing throughout  
18 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
19 make all records available for immediate inspection and copying on the premises by the monitor  
20 at all times during business hours and shall retain the records for the entire term of probation.

21           If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
22 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
23 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
24 shall cease the practice of medicine until a monitor is approved to provide monitoring  
25 responsibility.

26           The monitor(s) shall submit a quarterly written report to the Board or its designee which  
27 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
28 are within the standards of practice and whether Respondent is practicing medicine safely.

1 It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly  
2 written reports to the Board or its designee within 10 calendar days after the end of the preceding  
3 quarter.

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
6 name and qualifications of a replacement monitor who will be assuming that responsibility within  
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
9 notification from the Board or its designee to cease the practice of medicine within three (3)  
10 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
11 replacement monitor is approved and assumes monitoring responsibility.

12 In lieu of a monitor, Respondent may participate in a professional enhancement program  
13 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
14 review, semi-annual practice assessment, and semi-annual review of professional growth and  
15 education. Respondent shall participate in the professional enhancement program at Respondent's  
16 expense during the term of probation.

17 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
18 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
19 Chief Executive Officer at every hospital where privileges or membership are extended to  
20 Respondent, at any other facility where Respondent engages in the practice of medicine,  
21 including all physician and locum tenens registries or other similar agencies, and to the Chief  
22 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
23 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
24 calendar days.

25 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

26 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
27 governing the practice of medicine in California and remain in full compliance with any court  
28 ordered criminal probation, payments, and other orders.



1       7.    QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
2 under penalty of perjury on forms provided by the Board, stating whether there has been  
3 compliance with all the conditions of probation.

4       Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
5 of the preceding quarter.

6       8.    GENERAL PROBATION REQUIREMENTS.

7       Compliance with Probation Unit

8       Respondent shall comply with the Board's probation unit.

9       Address Changes

10       Respondent shall, at all times, keep the Board informed of Respondent's business and  
11 residence addresses, email address (if available), and telephone number. Changes of such  
12 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
13 circumstances shall a post office box serve as an address of record, except as allowed by Business  
14 and Professions Code section 2021(b).

15       Place of Practice

16       Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
17 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
18 facility.

19       License Renewal

20       Respondent shall maintain a current and renewed California physician's and surgeon's  
21 license.

22       Travel or Residence Outside California

23       Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
24 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
25 (30) calendar days.

26       In the event Respondent should leave the State of California to reside or to practice  
27 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
28 departure and return.

1           9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
2 available in person upon request for interviews either at Respondent's place of business or at the  
3 probation unit office, with or without prior notice throughout the term of probation.

4           10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
7 defined as any period of time Respondent is not practicing medicine as defined in Business and  
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
10 Respondent resides in California and is considered to be in non-practice, Respondent shall  
11 comply with all terms and conditions of probation. All time spent in an intensive training  
12 program which has been approved by the Board or its designee shall not be considered non-  
13 practice and does not relieve Respondent from complying with all the terms and conditions of  
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
15 on probation with the medical licensing authority of that state or jurisdiction shall not be  
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
17 period of non-practice.

18           In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
19 months, Respondent shall successfully complete the Federation of State Medical Boards' Special  
20 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
21 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
22 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

23           Respondent's period of non-practice while on probation shall not exceed two (2) years.

24           Periods of non-practice will not apply to the reduction of the probationary term.

25           Periods of non-practice for a Respondent residing outside of California will relieve  
26 Respondent of the responsibility to comply with the probationary terms and conditions with the  
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
28 General Probation Requirements; and Quarterly Declarations.

1           11. COMPLETION OF PROBATION. Respondent shall comply with all financial  
2 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
3 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
4 be fully restored.

5           12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
6 of probation is a violation of probation. If Respondent violates probation in any respect, the  
7 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
8 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
9 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
10 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
11 the matter is final.

12           13. LICENSE SURRENDER. Following the effective date of this Decision, if  
13 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
14 the terms and conditions of probation, Respondent may request to surrender his or her license.  
15 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
16 determining whether or not to grant the request, or to take any other action deemed appropriate  
17 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
18 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
19 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
20 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
21 application shall be treated as a petition for reinstatement of a revoked certificate.

22           14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
23 with probation monitoring each and every year of probation, as designated by the Board, which  
24 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
25 California and delivered to the Board or its designee no later than January 31 of each calendar  
26 year.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek O'Reilly-Jones. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

5/8/2019 -

  
ARVIND KUMAR SALWAN, M.D.  
Respondent

I have read and fully discussed with Respondent ARVIND KUMAR SALWAN, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

5.13.2019

  
DEREK O'REILLY-JONES  
Attorney for Respondent

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ENDORSEMENT

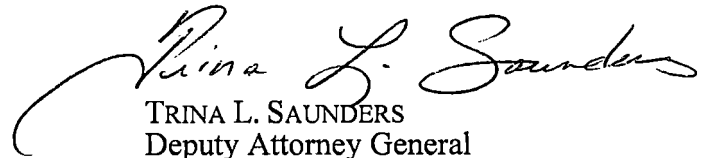
The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

*May 15, 2019*

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General

  
TRINA L. SAUNDERS  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Second Amended Accusation No. 800-2015-012706**

1 XAVIER BECERRA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 TRINA L. SAUNDERS  
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7 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO APR 25 2019  
BY [Signature] ANALYST

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

11 In the Matter of the Second Amended  
12 Accusation Against:

13 ARVIND KUMAR SALWAN, M.D.

14 19843 Modoc Road  
Apple Valley, California 92308-6131

15 Physician's and Surgeon's Certificate A 89019,  
16 Respondent.

Case No. 800-2015-012706

**SECOND AMENDED ACCUSATION**

18  
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Second Amended Accusation solely  
22 in her official capacity as the Executive Director of the Medical Board of California (Board).

23 2. On October 1, 2004, the Medical Board issued Physician's and Surgeon's Certificate  
24 Number A 89019 to Arvind Kumar Salwan, M.D. (Respondent). That license was in full force  
25 and effect at all times relevant to the charges brought herein and will expire on October 31, 2020,  
26 unless renewed.

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4. Section 2227 of the Code states:

**"(1) Have his or her license revoked upon order of the board.**

**"(3) Be placed on probation and be required to pay the costs of probation monitoring upon**

**"(5) Have any other action taken in relation to discipline as part of an order of probation, as**

the board or an administrative law judge may deem proper.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

5. Section 2234 of the Code states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:



1       “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
2 violation of, or conspiring to violate any provision of this chapter.

3       “(b) Gross negligence.

4       “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
6 the applicable standard of care shall constitute repeated negligent acts.

7       “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
8 for that negligent diagnosis of the patient shall constitute a single negligent act.

9       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
12 applicable standard of care, each departure constitutes a separate and distinct breach of the  
13 standard of care.

14       “(d) Incompetence.

15       “(e) The commission of any act involving dishonesty or corruption which is substantially  
16 related to the qualifications, functions, or duties of a physician and surgeon.

17       “(f) Any action or conduct which would have warranted the denial of a certificate.

18       “(g) The practice of medicine from this state into another state or country without meeting  
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
21 proposed registration program described in Section 2052.5.

22       “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
24 who is the subject of an investigation by the board.”

25       6.   Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
26 adequate and accurate records relating to the provision of services to their patients constitutes  
27 unprofessional conduct.”

28   ///

1 **FIRST CAUSE FOR DISCIPLINE**

2 (Gross Negligence - Patient A)

3 7. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),  
4 in that he failed to appropriately prescribe narcotic medications to a patient for acute pain. The  
5 circumstances are as follows:

6 8. On or about November 19, 2013, Patient A, a then eighty-three year-old woman, fell  
7 at her home. Approximately two days later, she sought treatment.

8 9. On November 21, 2013, she was brought to Saint Mary's Medical Center by  
9 ambulance. Chest x-rays and a chest CT scan showed massive right pleural effusion and possible  
10 pneumothorax. Fracture of the ribs was also confirmed. At this hospital visit, Respondent saw  
11 Patient A for the first time. He was assigned to her care. She received consults from the  
12 following specialty physicians: cardio-thoracic surgery, cardiology, pulmonary, and nephrology.  
13 In addition, Respondent requested a palliative/hospice care consult.

14 10. Patient A remained in the hospital for a week. During that time, she developed  
15 cardiac arrhythmias and required intravenous (IV) cardiac medications, as well as chest tube  
16 drainage of fluid in her lungs. She received IV antibiotics for likely pneumonia. She also  
17 developed acute renal failure. She was also diagnosed with liver cirrhosis based on the CT scan  
18 findings and laboratory testing. In addition, due to pain from fractured ribs and chest tube  
19 placement, the patient was started on Hydrocodone.

20 11. On November 22, 2013, cardiology started IV Fentanyl 12 mcg every six hours, as  
21 needed.

22 12. On November 23, 2013, Respondent changed the frequency to every four hours.

23 13. On November 24, 2013, Respondent changed the IV Fentanyl to transdermal  
24 Fentanyl patch at 50 mcg/hour.

25 14. On November 25, 2013, Respondent increased the dosage of the transdermal patch to  
26 75 mcg/hour.

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1        15. Due to mental confusion shown by the patient, Respondent discontinued the patch on  
2 November 27, 2013. This occurred at the time of discharge. At the time, a Lidocaine patch was  
3 started and Hydrocodone tablets were continued on an as needed basis.

4        16. Patient A was at a convalescent facility for less than 24 hours when she was noted to  
5 be non-verbal, and non-responsive. Low blood pressure and low respiratory rate were detected.  
6 She was transferred back to the hospital.

7        17. At the hospital, a nurse discovered that Patient A had been mistakenly given a  
8 Fentanyl patch, instead of a Lidocaine patch. The Fentanyl patch was removed. Patient A was  
9 given Narcan IV to reverse her opioid toxicity. She had a moderate response to the reversal.

10       18. On November 28, 2013, Patient A was admitted to the hospital. She received a  
11 neurology consultation. Respondent dictated in the admission note that the patient had Fentanyl  
12 toxicity and intolerance. Palliative care medicine was discussed with the family.

13       19. During Patient A's hospital stay, her mental condition returned to baseline. Patient A  
14 continued to have recurrent fluid in her right lung, requiring chest tube drainage.

15       20. On December 8, 2013, Patient A had thoracic surgery for placement of a permanent  
16 chest tube and sclerosis of the pleural space. Respondent recommended skilled nursing home  
17 facility rehabilitation. The family declined. Respondent discussed hospice care options. This too  
18 was declined.

19       21. Patient A was transferred to Kindred Hospital for long-term management of her  
20 medical problems. She was admitted on December 9, 2013, under a different team of doctors, for  
21 continuing management of her lung effusion and pneumonia, and atrial fibrillation and cirrhosis  
22 and renal failure and right pleural catheter drainage. She developed septic shock.

23       22. Patient A died on December 25, 2013, from septic shock and renal and respiratory  
24 failure.

25       23. Respondent was grossly negligent and departed from the standard of care in  
26 prescribing a Fentanyl patch at an excessive dosage for managing acute pain in Patient A, and in  
27 inappropriately titrating the dosage thereafter.

28       ///

1 **SECOND CAUSE FOR DISCIPLINE**

2 (Gross Negligence - Patient C)

3 24. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),  
4 in that he was grossly negligent in the care and treatment of Patient C. Respondent prescribed  
5 opiates and benzodiazepines to a patient without proper examination and assessment and without  
6 taking any required precautions. The circumstances are as follows:

7 25. Patient C was a 70-year-old woman with chronic low back pains due to lumbar spinal  
8 stenosis, ulcerative colitis, diabetic neuropathy, chronic obstructive lung disease, and anxiety and  
9 depression disorder. She saw Respondent from 2006 to 2013.

10 26. Patient C was initially treated with NSAIDs and opiate hydrocodone for her chronic  
11 back pain management.

12 27. In 2009, the opiate was escalated to more potent oxycodone at 180 mg daily.

13 28. In August 2012, Patient C's narcotic pain regimen was changed to methadone 40 mg  
14 daily. Hydrocodone was prescribed as needed for pain management. No EKG was performed.

15 29. In 2013, the methadone dosage was escalated to 90 mg daily, with hydrocodone daily  
16 dosage of 22.5 mg to 30 mg for breakthrough pains. Patient C was continued on this high dosage  
17 of pain medications for two years.

18 30. In January 2016, Respondent began tapering down Patient C's methadone dosage.

19 31. By June 2016, Patient C's methadone was tapered down to 10 mg daily with as  
20 needed tramadol at 2 tablets.

21 32. In November 2016, Patient C was no longer taking methadone. No EKG was  
22 performed during the period that Patient C was prescribed methadone.

23 33. Respondent's failure to properly monitor the patient's benzodiazepine abuse, his  
24 escalation to an excessively high opiate dosage, his lack of a naloxone prescription and the lack of  
25 pain management consultation and cognitive behavior therapy jointly and severally constitute an  
26 extreme departure from the standard of care.

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1        40. Respondent's failure to initiate anti-hypertensive medications was a departure from  
2 the standard of care.

3 Patient E

4        41. Patient E was a 65-year-old woman with multiple medical problems, including heart  
5 failure, COPD, hypertension, and degenerative spine disease, when she first presented to  
6 Respondent in 2009.

7        42. Patient E had chronic back pain. She had MRI imaging confirming lumbar and  
8 cervical spinal stenosis in 2010. She had multiple epidural injections without significant benefits.  
9 She was also seen by several pain management specialists. She underwent back surgery in 2012,  
10 but continued to suffer from chronic low back pains.

11       43. In 2014, Respondent began prescribing 10 mg hydrocodone to Patient E. She was  
12 also regularly prescribed Xanax for generalized anxiety.

13       44. The patient's back pains were uncontrolled. In September 2014, Respondent  
14 escalated her hydrocodone monthly quantity to 240 tablets per month. She was also prescribed  
15 tramadol 100 tablets for pain relief. This pattern of prescribing both an opiate and  
16 benzodiazepine continued until June 2016. In June 2016, Respondent began tapering down the  
17 patient's usage of opiates. In June and July of 2016, the patient's opiate quantity was cut back to  
18 120 tablets per month. It was later reduced to 25 tablets in August of 2016.

19       45. The combination of medications in this patient, who suffered from chronic respiratory  
20 illness due to COPD, elevated her risk of a potential fatal overdose due to respiratory arrest.  
21 Earlier attempts at opiate tapering and discontinuation should have been attempted instead of  
22 waiting until 2016. Respondent also should have minimized Patient E's benzodiazepine usage by  
23 referring the patient to mental health providers for help with managing the patient's anxiety. In  
24 addition, an antidote like naloxone should have been prescribed to the patient for use in case of an  
25 accidental overdose. Respondent departed from the standard of care in that he failed to take the  
26 aforementioned steps/precautions.

27       46. Respondent's acts and/or omissions as set forth above, whether proven individually,  
28 jointly, or in any combination thereof, are cause for discipline.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 (Failure to Maintain Adequate Records – Patient C)

3 47. Respondent is subject to disciplinary action under Code section 2266 in that he failed  
4 to maintain adequate medical records in the case of Patient C. The circumstances are as follows:


5 48. Respondent's records related to Patient C lacked detailed documentation of physical  
6 examinations and joint examinations in the evaluation of the patient's physical pain. They failed  
7 to reflect any improvement or lack of improvement in pain management and functionality, or  
8 goals of care in pain management. They did not contain an assessment of any potential side  
9 effects of the narcotic medications and contained an undated informed consent and a pain care  
10 agreement. In addition, the records contained evidence of only one urine drug screening and  
11 minimal CURES inquiries.

12 **PRAYER**

13 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,  
14 and that following the hearing, the Medical Board of California issue a decision:

- 15 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 89019,  
16 issued to Arvind Kumar Salwan, M.D.;
- 17 2. Revoking, suspending or denying approval of his authority to supervise physician  
18 assistants and advanced practice nurses;
- 19 3. If placed on probation, ordering him to pay the Board the costs of probation  
20 monitoring; and
- 21 4. Taking such other and further action as deemed necessary and proper.

22  
23 DATED: April 25, 2019

24   
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs,  
State of California

26 *Complainant*

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